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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 1668

<b>SERIAL NUMBER</b> 10/785,210	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> 62424A
<b>APPLICANTS</b> Robert M. Strom, Midland, MI; Philip J. Brondsema, Midland, MI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/560,737 02/24/2003 <i>OK Smm</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None Smm</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/11/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 22 <b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 00109				
<b>TITLE</b> PERIODIC ANTIMICROBIAL PEPTIDES				
<b>FILING FEE RECEIVED</b> 6108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	